

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

## **I. DISPUTE**

1. a. Whether there should be reimbursement of \$256.00 for date of service, 04/12/01.
- b. The request was received on 03/08/02.

## **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. Initial Submission of TWCC-60
    1. HCFA 1500
    2. EOB dated 06/19/01
    3. Re-audit EOB dated 07/31/01
    4. Retrospective review by the Carrier dated 08/13/01
  - b. Additional documentation requested on 06/12/02 and received on 06/13/02
    1. Position statement
    2. Request for reconsideration letters dated 06/27/01, 08/03/01 and 11/20/01
    3. Information on Current Perception Threshold
    4. Medical records
  - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Response to a Request for Dispute Resolution
  - b. Copy of a Findings and Decision dated 02/04/02
  - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/19/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 06/20/02. The response from the insurance carrier was received in the Division on 07/05/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

### III. PARTIES' POSITIONS

1. Requestor: Letter undated

“According to the Spinal treatment guideline 95900 is the correct code for nerve conduction studies (motor) CPT testing is considered an NCV and is therefore included in the STG. Carriers only reason for non-payment is proper code, therefore that is the only issue to be considered.”

2. Respondent: Letter dated 07/04/02

“Current Perception Threshold (CPT) testing has been included in the Spinal Treatment Guidelines effective 2/1/2000 as an approved diagnostic tool. The American Medical Association addressed the coding of such testing in the *CPT Assistant*, Volume 9, Issue 2, February 1999. The AMA stated, ‘There is not a specific listing in CPT at this time to report these types of quantitative sensory testing. Therefore, the most appropriate code for reporting these testing procedures is code 95999, *Unlisted neurological or neuromuscular diagnostic procedure*.’ CPT Code 95999 has been deemed appropriate because it **measures only the threshold component** of sensory tests, unlike 95900, which measures motor velocity and/or latency.... The point the (Carrier) wishes the Commission to understand and accept is this: SOAH concluded after extensive scientific testimony that a CPT test does not provide objective information regarding pathology of a nerve. It does not provide objective measures of amplitude, velocity, and latency of the nerve being tested. A nerve conduction velocity study does. SOAH concluded ‘that the CPT test is not a nerve conduction test...covered under code 95904’ or 95900. Code 95900 and its descriptor in the *4/1/96 medical Fee Guideline* are for the nerve conduction velocity study not the CPT test. This is the reason it is inappropriate to bill the CPT test with code 95900 because the CPT test is not a nerve conduction study.”

### IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 04/12/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$380.00 for services rendered on the date of service in dispute above.
4. Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the date of service in dispute above and denied any additional reimbursement as “F – N THE MEDICAL FEE GUIDELINE STATES IN THE IMPORTANCE OF PROPER CODING ‘ACCURATE CODING OF SERVICES RENDERED IS ESSENTIAL FOR PROPER REIMBURSEMENT’. THE SERVICES PERFORMED ARE NOT REIMBURSED AS BILLED.”
5. Per the Requestor’s Table of Disputed Services, the amount in dispute is \$256.00 for services rendered on the date of service in dispute above.

6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
04/12/01	95900 WP	\$380.00	\$0.00	F N	\$64.00/nerve	STG (e) (2) (3); MFG MGR (IV); CPT Descriptor	The Carrier has denied reimbursement as "F – N THE MEDICAL FEE GUIDELINE STATES IN THE IMPORTANCE OF PROPER CODING 'ACCURATE CODING OF SERVICES RENDERED IS ESSENTIAL FOR PROPER REIMBURSEMENT'. THE SERVICES PERFORMED ARE NOT REIMBURSED AS BILLED." The provider has billed for a nerve conduction, velocity and/or latency study, sensory. However, per their report notes, Current Perception Threshold (CPT) testing was done.. Therefore, the provider has not submitted documentation to support services as billed. No reimbursement is recommended.
<b>Totals</b>		\$380.00	\$0.00				The Requestor <b>is not</b> entitled to reimbursement.

The above Findings and Decision are hereby issued this 30th day of September 2002.

Denise Terry  
Medical Dispute Resolution Officer  
Medical Review Division

DT/dt